Executive Directors Conference Call
DM 3700 Expansion/Substance Use Disorders
August 1, 2013

Participating Providers

Bridgeway Counseling Services
Burrell Behavioral Health
Family Counseling Center, Inc.
Family Guidance Center
Family Self-Help Center
Gateway Free & Clean
Gibson Recovery Center
Heartland Center for Behavioral Change
New Beginnings
Pathways
Preferred Family Healthcare
Queen of Peace Center
Rediscover
Southeast Missouri Behavioral Health

The purpose of the call was to provide an overview of the Department's plans for expansion of the DM 3700 project to add individuals with substance use disorders who have high medical costs; discuss required program components; and respond to questions related to the application process which was announced and information disseminated to all adult treatment providers on July 23, 2013.

I. Comments from Mark Stringer

- The current project for MI has gained a lot of support and attention from state and federal officials.
- It is saving lives and costs to the state's Medicaid program.
- It is easy to explain the benefits for consumers and related cost savings to legislators and agency staff.

The proposed expansion will mean a different way of doing business for substance abuse treatment providers.

- The target population will be comprised of individuals who are very sick.
- It is likely that most of them will not be interested in services involving residential support; they may be difficult to engage and retain in services.
- The outreach process will be intense.
- Services will be highly individualized.

II. Comments from Dr. Joe Parks, DMH Chief Clinical Officer

- Individuals will be engaged in care for indefinite durations.
- This will mean a change in organizational culture and work processes.
- Care will be highly data-driven utilizing a variety of data tools.
- Care will be coordinated across multiple providers; staff will be in communication with numerous providers on a regular basis.
- It will be critical for providers to assign the "right" staff to work with this population.
- Case management vs. community support work vs. counseling will be blurred for this population.
- Staff will need to meet people where they are and work with them to engage in services.

- HIPAA – information can be shared *absent patient consent* if the provider knows the individual has been engaged in care with the other provider(s). Sharing of information will be critical in order to engage consumers and provide the right care at the right time.
- 42 CFR – The only care that requires a signed consent is that which relates to substance abuse treatment; permission is not needed to share other health-related information with another provider as long as it is known that the individual has received services from them.

III. Training

Numerous aspects of the disease management project will require specialized training for agency staff, particularly community support specialists and nurses. The Division of Behavioral Health will be arranging for this training on an ongoing basis. Training will be delivered through a variety of means including Webinars, regionally, or at a central location.

IV. Q & A

1. When an individual is enrolled in services with one provider and goes to another ADA provider for services, how will that be addressed?

Individuals cannot be enrolled in services with more than one provider (in this case, CSTAR) unless they are engaged in a specialty service (opioid). Community support and care coordination will be managed by a single agency. A primary role will be played by Community Support Specialists to coordinate care and keep consumers engaged in services.

NOTE: It was stated during the conference call that services could follow the consumer to another provider, implying that both agencies could potentially be delivering services. This is not allowed in the existing system and is not permitted in the DM 3700 project.

2. Are agencies required to have an Electronic Health Record system in place in order to participate?

This is not required for implementation of disease management services. It is highly recommended that providers move toward implementation of an EHR, not only for the disease management project, but to engage in the changing health care environment.

3. Are letters of support required with the application?

Letters of support are not required, but may be included with the application to demonstrate collaborative partnerships.

4. Is a RN required or is a LPN acceptable?

In view of the duties that will be performed, including review of complex medical data and reports, a RN is required. Depending on caseload, a part-time RN is acceptable.

NOTE: Additional questions regarding this requirement were submitted after the conference call. The Division is exploring the possibility of allowing the services of a LPN. Providers will be notified when a final determination is made regarding nurse qualifications.

5. Does the Division have a specific number of providers in mind to participate in the first cohort?

There is no pre-determined number of providers for the first cohort. The determining factor will be providers that the Review Team and Division staff believes can successfully implement the project by engaging a sufficient number of consumers over an extended period of time in order to collect data to measure overall health outcomes and cost savings to the state.

6. **If an individual is too ill to be engaged in services at the provider site, can individual services be provided in the home?**

   The Division will explore billing options and make adaptations to existing policies to allow some level of in-home services.

7. **If an agency has several staff currently assigned to the DM 3700 project, can those staff help implement the project for individuals with substance use disorders?**

   Yes, CMHCs that have staff experienced in working with the DM 3700 project may utilize them to provide cross-training, take part in outreach activities, etc.

8. **Is it possible to obtain county-specific numbers from the substance use disorders cohort?**

   County information will be disseminated to all providers, however, it is important to note that the data was prepared in February, 2013 and is likely to change when a final report is processed for the substance use disorders cohort.

9. **How will the additional services (outreach, nursing, community support) be paid for in order to make this fiscally viable for providers?**

   The Division plans to set aside separate funds for the outreach services. Details for consumer enrollment in CIMOR and billing for outreach services will be provided prior to implementation.

   As is the case with DM 3700 for MI, the Division anticipates services under the expansion will be covered 100 percent by Medicaid after consumers are enrolled in CSTAR (or a CMHC CPRP or Health Home should the assessment indicate serious mental illness).